

LOS ANGELES COUNTY REGIONAL PARK AND OPEN SPACE DISTRICT
AMENDMENT REQUEST FORM

Project Name

Grant Number

Agency Name

Type of Amendment (Check all that apply)

- ☐ Performance Period Extension ☐ Project Scope Change ☐ Funding Change ☐ Anticipated Funding Needs
☐ Other _____

Performance Period Extension

Required Attachment:

☐ Timeline

Current End Date

Proposed End Date

☐ Anticipated Funding Needs

Justification

Project Scope Change

Required Attachment(s):

☐ Grant Scope/Cost Estimate Form

☐ Site Plan (if applicable) ☐ Anticipated Funding Needs

☐ Other _____

Current Scope

Proposed Scope

Justification

Project Funding Change

Required Attachment:

☐ Grant Scope/Cost Estimate Form

Select One

☐ Anticipated Funding Needs

☐ Decrease

Current Amount

Proposed Amount

☐ Other* _____

Justification

**This box may not be selected without prior RPOSD approval.*

Authorized Representative

Name and Title (Type or Print)

Phone Number

e-mail

Signature of Authorized Representative

Date